

THE URBAN DISTRICT COUNCIL OF ESTON.

TENTH

ANNUAL REPORT

BY

THE MEDICAL OFFICER,

FOR THE

YEAR ENDING DECEMBER 31ST, 1907.

Middlesbrough :

WILLIAM APPLEYARD & SONS, LIMITED, PRINTERS, 12 ROYAL EXCHANGE.

—
1908.

The Urban District Council of Eston.

Councillors :

ANDERSON, WILLIAM

HUME, WM. GYMER

BELLWOOD, GEORGE

KELLY, REV. B. (VICE-CHAIRMAN)

BROWN, ROBERT

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GLEN, DR. JOHN

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(CHAIRMAN)

HODGE, REV. J. E.

TURNER, JOHN

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Surveyor and Sanitary Inspector :

C. McDERMID, Eston, S.O.

Medical Officer :

GEORGE C. H. FULTON, M.B., C.M.,

FELLOW OF THE ROYAL INSTITUTE OF PUBLIC HEALTH.


Sanatorium :

GEORGE C. H. FULTON, M.B., C.M., Eston, Medical Officer.

MISS WHITTAKER, Matron.

Collector :

ROBERT FRANKS, Normanby.



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ESTON URBAN DISTRICT COUNCIL.

TENTH ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH.

TO THE ESTON URBAN DISTRICT COUNCIL.

GENTLEMEN,

I have the honour of submitting to you my Tenth Annual Report on the Health of Eston District during the year 1907 with an account of the Sanitary work performed and the measures that should be adopted for its improvement.

STATISTICAL SUMMARY.

Area of the District in acres	-	-	-	-	-	-	-	2,251
Estimated Population at Mid Summer	-	-	-	-	-	-	-	13,080
Density of Population per acre	-	-	-	-	-	-	-	5·34
Inhabited Houses	-	-	-	-	-	-	-	2,304
Rateable value of District according to Poor Rate,								
Gross £94,663, Nett £77,810								
Rateable value for General District Rate Purposes	-	-	-	-	-	-	-	£69,886
Births Registered	-	-	-	-	-	-	-	403
Birth-rate	-	-	-	-	-	-	-	30·70
Deaths Registered	-	-	-	-	-	-	-	233
Death-rate	-	-	-	-	-	-	-	17·81
Zymotic Deaths	-	-	-	-	-	-	-	25
Zymotic Death-rate	-	-	-	-	-	-	-	1·91
Infantile Mortality	-	-	-	-	-	-	-	47
Ratio of Infantile Deaths to Births per 1,000	-	-	-	-	-	-	-	116·62
Infectious cases notified	-	-	-	-	-	-	-	95
Infectious cases isolated at the Sanatorium	-	-	-	-	-	-	-	51

VITAL STATISTICS.

During the year the births of 403 children have been registered, of these 203 were boys and 200 girls. The total gives a rate of 30·71 per 1,000 per annum of the estimated population. Last year the birth-rate was 31·53 per 1,000 of the estimated population.

MORTAL STATISTICS.

During the year ending December 31st. 1907, 233 deaths were registered in Eston Urban Sanitary District. The death rate was equal to 17·81 per 1,000 of the population estimated to the middle of the year. Last year 199 deaths were registered, the death rate being equal to 18·14 per 1,000 per annum of the estimated population.

TABLE A.

Showing the Birth and Death Rates of Eston, 1898 to 1907 inclusive :—

Rates per 1,000 of population for 1907 were : Births 30·71, Deaths 17·81								Average Death rate for 10 years 17·24
„	„	1906	„	„	31·53,	„	18·14	
„	„	1905	„	„	31·12,	„	15·12	
„	„	1904	„	„	31·44,	„	16·31	
„	„	1903	„	„	32·99,	„	15·76	
„	„	1902	„	„	35·07,	„	17·03	Average Birth rate for 10 years 33·56
„	„	1901	„	„	38·21,	„	14·37	
„	„	1900	„	„	31·60,	„	19·29	
„	„	1899	„	„	35·31,	„	20·94	
„	„	1898	„	„	37·63,	„	17·72	

B.—Table shewing the Number of Deaths from Zymotic Diseases
in the Ten Years 1898 to 1907.

	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907
Smallpox	6	...	...	...	...	...	...	...	...	...
Measles	1	17	...	...	8	1	11	8	1	17
Scarlet Fever ... ..	...	...	3	...	1	...	2	...	2	...
Diphtheria ... ..	...	...	3	...	1	2	...	2	7	2
Whooping Cough	5	2	13	...	7	3	2	2	9	...
Fever { Typhus Enteric Simple Continued	...	...	...	...	...	...	...	...	...	...
	11	3	4	3	2	2	1	1	1	4
	1	2	...	...	1	...	1	...	...	...
Diarrhœa	10	13	8	13	...	8	3	10	10	2
Erysipelas ... ..	...	...	1	...	...	...	...	...	...	...
Deaths from Seven Chief Zymotic Diseases	34	43	29	16	22	16	20	23	30	25
Deaths from other causes	161	215	211	147	179	178	184	176	202	208
Totals for each year to the District	195	258	240	168	201	194	204	199	232	233
Death-rate from Seven Chief Zymotic Diseases, per 1,000	3·09	3·49	2·33	1·42	1·86	1·30	1·60	1·84	2·34	1·91
Death-rate from other causes, per 1,000	14·63	17·45	16·96	12·95	15·17	13·46	14·72	13·28	15·80	15·90
General Death-rate, per 1000	17·72	20·94	19·29	14·37	17·02	17·76	16·32	15·12	18·14	17·81

MEASURES TAKEN TO PREVENT SPREAD OF INFECTIOUS DISEASES.

- 1st. Careful systematic inspection of the district with a view to remedying any sanitary defects likely to give rise to infectious diseases.
- 2nd. Visitation of your Medical Officer and Inspector to every house in which infectious disease occurs.
- 3rd. Free Isolation in the Sanatorium.
- 4th. School notification of infectious diseases, and preventing of children from infectious houses attending school.
- 5th. Distribution of printed precautions against the spread of infectious diseases.
- 6th. Disinfection of all infected houses by an Officer of the Council under the supervision of your Inspector.
- 7th. Gratuitous supply of disinfectants in all cases requiring them.
- 8th. The Council pay for Swabs taken in doubtful cases of Diphtheria sent to the Clinical Research Association, London, by the Medical Officer.
- 9th. Diphtheria Antitoxin used at the Sanatorium.
- 10th. Diphtheria Antitoxen supplied to doctors for preventive purposes.

CAUSES OF DEATH.

Diseases of the Respiratory Organs. Fifty-one deaths occurred from this cause, forty-seven last year. Diseases of the lungs will always remain high in your district, as we have a trying changeable climate. I would strongly advise the wearing of flannel next the skin, the leading of a simpler life, be more temperate in eating and drinking, and more attention paid to fresh air and ventilation in the homes—the following leaflet might be issued by authority of the Council.

FRESH AIR AND VENTILATION.

Air is necessary for life—fresh air for healthy life.

Ventilation by means of fresh air is most important for the preservation of health. This applies to children as much as to adults.

Want of proper ventilation predisposes to various forms of disease, especially to Consumption and other forms of tuberculosis, by bringing about a low state of health.

In order to prevent the development and spread of Consumption, fresh air and proper ventilation are essential in dwelling rooms, factories, workshops and offices, particularly where the work carried on is associated with gaseous fumes or fine dust.

The better the ventilation the greater the worker's power.

By breathing we use up the air and give out impurities which pollute it.

The air containing this foul matter must be quickly removed from living and sleeping rooms, and also from workrooms, schools, churches, places of entertainment, public vehicles, &c.

If not removed by efficient ventilation, the foul air is breathed again and again, and so poisons the blood.

This is a common cause of headache, nausea, loss of appetite, lassitude, anæmia, poorness of blood and chronic ill-health, predisposing to Consumption and other diseases.

Over crowding is dangerous and injurious to health wherever it occurs, and should therefore be avoided.

People who breathe fresh air day and night all the year round do not "feel the cold" so badly as those who keep their windows closed. Also they rarely "catch cold," as this is usually the result of breathing impure air. There is nothing whatever poisonous about night air, which gives health just as day air does.

When a room, on entering it directly from the open air, smells close and stuffy, the foul air it contains is not fit to breathe, and more fresh air is required.

Windows should be made to open to the external air, and should be kept open day and night, unless this is forbidden by the medical adviser.

A curtain or screen may be arranged, if necessary, to prevent a direct draught.

In case of a strong wind blowing directly against the window, a free supply of fresh air can be secured by opening the window at the top, or by opening the bottom sash about four inches, and fitting in the window frame a piece of board about four inches deep and the whole width of the window, on which the bottom sash may rest.

Open spaces around buildings are necessary to allow access of fresh air.

Back-to-back houses and cellar tenements are unfit for human habitation.

Fresh air and sunlight kill disease germs. Every room in which there is or has been a case of infectious disease must be especially well ventilated.

Every room, especially if used for sleeping in, should have an open fireplace.

Never block up the fireplace or the chimney. If there be a register, never close it.

Do not allow the room to be crowded with useless furniture, as this deprives the patient of so much fresh air.

Rooms—especially bedrooms—staircases and passages should be frequently flooded with fresh air by opening all the windows and doors. This is particularly necessary after crowded gatherings in churches, schoolrooms, hotels, theatres, public halls, etc.

The air of a room can never be pure if the room be dirty.

Remember that the air of rooms is rendered impure by burning in them gas or oil. Each gaslight consumes as much air as a human being.

The patient, if warmly clad, need not fear going out of doors in any weather.

So-called “breathing exercises” are very valuable for anæmic and other patients who require to take plenty of air into their lungs. To perform them, a person should take ten deep breaths one after the other, rising on the toes at each breath, and filling the chest to its utmost capacity. The exercises should be done slowly in the open air or at the open window.

Tuberculosis and Wasting (Consumption) claims 38 victims as against 34 last year. Consumption is a preventible disease which is caused by minute living germs called “Tubercle bacilli,” which usually enter the body with the air breathed. The matter which consumptive people cough or spit up contains the germs of the disease in great numbers. If this matter is spat upon the floors or the walls of any public or private place, or elsewhere, as soon as it becomes dry the germs of the disease which it contains are blown about and float in the air, like any other minute particles of dust, and are inhaled by anybody breathing that air; or they may fall upon milk or other food, and gain access to the body with the food, so consumptives should always be careful to spit into a vessel containing water.

HOW TO PREVENT OR ARREST CONSUMPTION.

Consumption (with other forms of tuberculosis) causes one death in every eight in this country. Of all deaths in the United Kingdom between the ages of twenty-five and thirty-five *nearly one-half are due to Consumption.*

It gives rise to a vast amount of suffering and ill-health. It is calculated that in Great Britain at the present moment at least a quarter of a million persons are suffering from it.

The disease is preventable.

Its predisposing cause is a low state of health, or it may be induced by over-crowding : ill-ventilated, dirty, dark rooms : bad or insufficient food : intemperance : and infectious fevers, or other illnesses.

Consumption is, however, contracted by taking into the system, chiefly by inhalation, the germ or microbe of the disease. This germ is contained in the dust particles of the dried spit of the consumptive, and in the minute droplets sprayed into the atmosphere by the consumptive in coughing.

These germs are derived from persons suffering from Consumption or some other form of tuberculosis. They are found in vast numbers in the phlegm, spit, or expectoration of a consumptive person.

In a moist state this expectoration does not infect the air, excepting by the sprayed droplets in coughing, but if allowed to dry and become dust it is exceedingly dangerous, and is then a means by which the disease is spread from person to person.

The best place for a consumptive is a sanatorium : the next best is a hospital (especially a Hospital for Diseases of the Chest), or an Infirmary which has special wards for those suffering from this disease, as well as moderate facilities for carrying out "open-air treatment." If these be impracticable, he should, if possible, sleep in a separate bedroom, or at least in a separate bed.

PRECAUTIONS. It is essential for the protection of their own families, and to prevent the spread of the disease among the general public, that the following simple precautions be taken by consumptive persons :—

The consumptive person must not expectorate about the house, nor on the floor of any cab, omnibus, tram-car, railway carriage, or other conveyance. Spitting about the streets, or in any public buildings (churches, schools, theatres, railway stations, &c.), is as dangerous as well as a filthy habit.

The consumptive person must not expectorate anywhere except into a spittoon, gallipot, or jampot kept for the purpose, and containing a little water. The receptacle should be kept covered when not actually in use.

When out-of-doors, a small wide-mouthed bottle, with a well-fitting cork, or a pocket spittoon, which may be obtained from any chemist, should be used.

The expectoration must be washed into a drain or W.C., or burned on a bright fire. It should on no account be thrown on to an ash-heap.

The cup or spittoon must then be kept in boiling water for ten minutes before being thoroughly cleaned.

Every effort should be made not to spit into pieces of rag or paper; and handkerchiefs which may have been occasionally used of necessity, should, before they dry, be boiled half-an-hour, and then washed.

A consumptive person must not kiss, or be kissed on the mouth.

Consumptive persons must not swallow their phlegm, as by so doing, the disease may be conveyed to parts of the body not already affected.

A consumptive person, when coughing, should always hold a handkerchief in front of his mouth, and avoid coughing in the direction of another person.

The phlegm of many other persons not hitherto suspected of being consumptive is found to contain the germs of the disease.

If the above precautions are taken, there is practically no danger of infecting others.

With care, and especially if treatment be begun at an early stage, the disease can be arrested in a majority of cases. Medicines alone, though certainly helpful, will not bring about a cure, the essential part of the treatment consisting in constant attention being devoted every day by the patient and his friends to carrying out the directions given in this pamphlet.

GENERAL PRECAUTIONS TO BE OBSERVED :—

All rooms occupied by consumptive persons should be as well lighted and ventilated as possible. Fresh air, light, and sunshine are most important preventatives of consumption. It is not safe for a healthy person to share a bedroom, still less a bed, with a consumptive.

All utensils, such as knives, forks, spoons, cups, etc., should be reserved for his special use, and carefully washed in boiling water.

No chimney should ever be blocked up, and windows should be kept open night and day.

A room cannot be properly ventilated through the door only.

Cleanliness and good sanitary surroundings are important, both for the prevention and for the cure of consumption.

Instead of sweeping rooms, wet dusters must be used to wipe up the dust on the floor, furniture, woodwork, etc., and must afterwards be boiled. Tea leaves used on the floor should afterwards be burnt. Do not chase dust about or stir it up.

Dusty occupations favour the disease.

Milk, especially that used for children and invalids, should be boiled. Meat should be well cooked. No intoxicating liquors should be consumed except by the express advice of the doctor, and then only as medicine in measured doses.

The mouth should be kept as clean as possible. With this object the toothbrush should be used regularly every day; the best time for the purpose is just before going to bed. The mouth should be rinsed out with plain warm water after every meal, and all decayed teeth should be stopped or extracted, whether they ache or not.

A room which has been occupied by a consumptive should not be used again until it has been thoroughly disinfected.

THE TREATMENT OF CONSUMPTION.

The question of racial proclivity or susceptibility must not be lost sight of in considerations relative to the prevalence of tubercenlosis. There is some evidence to suggest, for instance, that the Celtic races, whatever part of the globe they may inhabit, are more prone to tubercenlosis than other races; also that it would appear that the Gaelic and Ibeno-Celtic stocks are rather more subject to Phthisis than the Saxon or Scandinavian.

A material amount of human tubercenlosis is attributable to the introduction into the intestinal tract of tubercle of bovine origin. So we must look to our milk supply, and if possible get a clean fresh milk free from all contamination or preservation.

There is a widespread misconception that in England and Wales pulmonary tuberculosis has increased during the last 50 years, but this is not so, it has undergone a phenomenal decline, which if continued in years to come, may result in the total extinction of the disease. In 1840 the total deaths from Phthisis were 59,923 or 38·9 per 10,000 living, in 1880 the deaths numbered 48,201, the average per 10,000 living being 18·6, only once since then have the deaths numbered more than 50,000 in any one year, and on that occasion the death rate per 1,000 showed a slight increase, viz. 18·8. In 1900, the total deaths was 42,987, the average per 10,000 having fallen to 13·3. In 1905 the average was 11·4 and in 1906 the deaths totalled 39,747, the average being 11·5.

In regard to the degree of communicability of pulmonary tubercenlosis, fact points to the conclusion that tubercenlosis is not a disease which can be reasonably grouped with smallpox, typhus, scarlet fever, etc., and this difference involves a material difference in administrative action, *e.g.*, it is excessively

prevalent and associated with poverty and its attendant conditions, certain occupations (dusty employment), dampness of soil and alcoholism. Efforts to reduce, so far as practicable, these predisposing causes afford the surest prospects of effecting a material reduction in the death rate from the disease.

In regard to the value, immediate or prospective, of Sanatorium treatment of pulmonary tuberculosis when "early" and "suitable" cases can be secured, a considerable percentage of such cases may be returned to the ranks of the active workers, and remain in those ranks, cured for ever. In the great majority of cases some degree of immediate improvement ensues upon the Sanatorium treatment. The immediate improvement which accrues to such a large proportion of the total number of cases, and especially of the early cases, suggest what an important place soil or tissue resistance occupies in the causation and arrest of tuberculosis. The progress of cases in Sanatoria has been much more marked and satisfactory since employment has been introduced, and some of the more advanced cases have made good progress when work has been given them. The efficiency of Sanatorium treatment is especially manifested in the control of expectoration, as it is by this agency that the patient is likely to endanger the health of those with whom he is brought in contact. Notwithstanding the beneficial action of Sanatoria, their most zealous defenders would not wish to contend that tuberculosis can be made to disappear by means of these institutions alone, but they are the greatest help we at present possess, and I am glad the Council have decided that the subject should be fully considered.

SMALLPOX.

No case of Smallpox occurred in your district during the year. When a case does unfortunately occur, I may state the measures adopted as we have had absolute success so far since I became your Medical Officer. Whenever a case of Smallpox is notified, usually by telephone, the Medical Officer visits the patient at once, and the patient is removed to our Isolation Hospital, the house is disinfected throughout, and the bedding and clothing removed and burned (we have not a steam disinfecter) the contacts are quarantined and compensation paid to them (16 days) and revaccinated if they will consent. The following day the rooms are stripped of wall paper, which is removed and burnt, the contacts are visited every other day to see if any fresh case develops; if not on the 15th or 16th day the contacts are liberated. One of the most obvious modes in the suppression of a threatened epidemic of Smallpox is promptness of action; a few days, even a few hours, may make all the difference between the suppression and extension of the disease; coincidental with the removal of the patient and the necessary disinfection, revaccination of all contacts should be proceeded with.

SCARLET FEVER.

Forty-nine cases occurred during the year. This disease was very prevalent and continues to spread in every part of your district, due no doubt to the mildness of the disease, want of care by parents, and cases being overlooked, missed by parents and doctor. No deaths occurred. Children who have sore throats and are sick (vomit) should be sent home from school, and a note sent to the doctor.

WHOOPING COUGH.

Whooping cough was not prevalent during the year. The child should be kept warm for six weeks. If the child is not then well it will benefit the child to give it a change of air to the sea side, mines, gas works, etc., etc. If the child is exposed before six weeks have elapsed (the natural duration of the illness) then the child gets Bronchitis or other complaint with the chance of a fatal result.

MEASLES.

Was very prevalent in your district from the beginning of June till the end of September, when nearly 1,000 children were attacked and 17 deaths occurred. Measles is a highly infectious disease and causes a large number of deaths. It is not true to state that all children must have measles, many children never have measles, and if proper care was taken to protect children from infection, very many more would have escaped. Those suffering from measles should be kept in a separate room, and none of the children in the house should be sent to either Day or Sunday School for at least a fortnight after the commencement of the last case in the house. It is most important that a child suffering from measles should be kept warm and protected from catching cold. It is a punishable offence to expose anyone suffering from any dangerous infectious disorder (such as measles or whooping cough) in any street, public place, shop, conveyance, etc.

MEADOWCROFT, ESTON, R.S.O.,

YORKSHIRE,

December, 1907.

SIR,

Your letter of the 19th ultimo, concerning the exceptional mortality from measles during the quarter ending 30th September, has been handed to me, and in reply I beg to state that the disease was imported into Eston district from Normanby township, and the latter township from Middlesbrough, *i.e.*, the disease spread along the line of traffic—the infection was chiefly a personal infection. The first case appeared about the 3rd of June, at South Bank, spread to Grange-

town on the 13th June, and Eston on the 8th of July. At South Bank, population 2,480, we had roughly 100 cases and one death. At Grangetown, population 6,260, we had 700 cases and twelve deaths. At Eston, population 4,040, we had 93 cases and one death. By the beginning of September the disease had exhausted itself—most susceptible children being attacked. At Grangetown the schools were closed for two months. I found the disease most infectious in the early catarrhal stage, but continues during the eruptive period, and also during convalescence. The question as to the desirability of applying the ordinary machinery of preventive methods was duly considered, viz., Notification, Disinfection, Isolation, etc. Notification is costly, Disinfection and Isolation prohibitive—school closure in an Urban district is a farce. This is well shown at Grangetown during this epidemic (700 cases and 12 deaths.) Many deaths occur from neglect, but it is usually the weaklings that die. All I can advise is better nursing at home, the child kept in bed, and greater hygienic care of the patient. Insanitary surroundings increase the fatality, but do not increase the liability to attack.

I am, Sir,

Your obedient Servant,

GEORGE FULTON, M.B., C.M.,

MEDICAL OFFICER OF HEALTH.

TO THE SECRETARY,

*The Local Government Board,
Whitehall, S.W.*

CEREBRO-SPINAL FEVER.

March, 1907.

This afternoon, at the meeting of the Urban District Council of Eston, Dr. Geo. C. H. Fulton presented a special report on cerebro-spinal fever. He said during the past few weeks reference to the spotted fever in the public Press throughout Great Britain and Ireland has been frequent. Reports of the occurrence of suspected cases have been very numerous. When, however, these are sifted and analysed, it is found that the same cases figure over and over again, and that the alleged cases prove to be instances of ordinary meningeal disease. Practically the position remains as it was, or, in other words, the principal seats of the disease are still Belfast in Ireland, and Glasgow in Scotland. Dr. Shirley Murphy is at present engaged in a special investigation of the extent of the disease, and as little or nothing is known as to the conditions which determine its appearance or propagation, I would advise only voluntary notification, so that cases which are suspicious might be verified by myself, and that other medical authorities might be consulted with reference to certification or registration.

AVOID A SCARE. This would, in my opinion, be better than producing a scare by making the disease a compulsorily notifiable one, we are only at present feeling our way as to the causation and treatment of the disease, but all authorities are pretty well agreed that the sanitation of the home and attention to the surroundings of the patient was of the most essential importance. Even hospital isolation has little effect in the prevention of the spread of the disease. The disease is not directly contagious, the nature of the virus is as yet unknown. Several micro-organisms have been described as capable of causing the disease, but which is the most frequent and important remains for further research to show. Males appear to be more often attacked than females, the age being rarely over 40 and under 20, but in some epidemics children have alone been the victims. It occurs most frequently in the dwellings of the poor, where dirt and damp and bad ventilation prevail. In Ireland in 1846 it affected chiefly the workhouses, which were notoriously bad hygienically, and in the United States the negroes.

ENTERIC OR TYPHOID FEVER.

Four deaths occurred during the year, and 19 cases were notified. They occurred spasmodically during the year, were not due to any particular cause, and must have been imported into your district. All cases of Enteric Fever are not water borne or due to milk, it may be caused by flies, in many cases when the diseased patient remains at home other persons are infected by soiled linen.

DIPHTHERIA.

We have had 14 cases of Diphtheria notified during the year; in most cases the Bacillus was found and 7 cases were isolated at the Sanatorium. Diphtheria is an acute specific disease, epidemic and contagious, and is characterised by a membranous exudation on the mucus membrane of the throat or adjacent parts. Occasionally a wound on the surface of the body may be the seat of diphtheria infection. The disease is not only directly inoculable by contamination with diphtheria products, but may be indirectly conveyed by infected clothing and other external objects. It is primarily caused by a specific bacillus (Klebs-Loeffler) which is exclusively found at the seat of infection; and yields toxins, to the absorption of which the phenomena of the disease is due. It has been a matter of observation that certain rural districts in which the surface soil is cold and humid, and where damp houses and privy and drainage nuisances abound, or where the aspect involves much exposure to cold, west winds, particularly favour diphtheria, these conditions lower the vitality of the system, and give a good breeding ground for the bacillus to act, but in my opinion do not directly cause the disease.

There is absolutely no doubt that its dissemination is greatly assisted by the aggregation of children in our Elementary Schools. It frequently happens that inquiries at a school where cases have occurred among the scholars reveals the fact that sore throat has been prevalent, and it is probable that such case of sore throat are not infrequently mild cases of diphtheria and should be treated as such, or at any rate rigidly excluded from school. It is well known that the diphtheric organism will live in the throat for several weeks after complete convalescence from the disease. This has been amply proved at Eston during the year, so that I exclude all children who have suffered from diphtheria one month after convalescence is established, and during epidemics we should have periodic medical inspection of the throats of all school children. If the Government demand that a child should be educated, the Government should see that the child should run no preventable risks in contracting infectious diseases at school.

INFANTILE MORTALITY.

The term "infant" is restricted to twelve months of age. The high mortality among infants, however good their surroundings, and however intelligently maternal care is exercised, arises from many causes; a certain proportion are premature, and cannot survive, some are born with malformations and other defects which soon terminate their existence; others, the offspring of weakly parents, cannot long survive, and in spite of all care there is a large proportion who will succumb to one or other of the many ailments to which infancy is susceptible. Making due allowance for these, it may be taken that an annual death-rate amongst infants of 100 per thousand is unavoidable, and if this be granted, it follows that anything above this is preventable, although the necessary means to prevent it are so extremely difficult to apply that even in the best districts the loss of infant lives is in excess of the standard. Our infantile mortality is 116 as against 157 per thousand last year, this shows a great reduction, but this is not due to any thing I have done but to the very wet summer, and freedom from dust and flies, in fact freedom from food contamination and we may never have it so low again, although some authorities may put it down to measures lately introduced by them *ex* Huddersfield.

We should, by teaching Hygiene in schools, stir up public opinion in this matter. The mother is the natural guardian of the infant, and 90 per cent. of all mothers should feed their own child: their breast milk is the most natural and suitable for their own child.

The increasing carelessness and deficient sense of responsibility among the younger women of the present day is largely the result of the general influence of our modern school system and of the literature for which schooling has set up a demand. The inclination of women for domestic service (the proportion of women in domestic service has declined from 14·2 in 1891 to 12·2 in 1901) is attributed to our compulsory education. The laws of health and domestic hygiene are taught in our secondary and other schools to a greater extent than ever before, and the ignorance on the subject is therefore due to indifference rather than to want of opportunity. It is obvious, therefore, that instruction in the subject should be compulsory in all elementary schools and not be relegated to the optional classes of continuation or secondary schools. Such instruction can only be taught properly by teachers who are themselves well grounded in its general principles, and unfortunately only a small proportion of the teachers are so qualified. It is, therefore, important that every educational authority should, without delay, give facilities for their elementary school teachers obtaining suitable instruction in elementary sanitation and in domestic and school hygiene, so that they may be qualified to impart the necessary information on those subjects to the children attending the elementary school. To get in touch, however, with the mothers of to-day and bring to their notice, in a practical manner, the proper methods of feeding and managing their children, I know of no better means than the appointment of women health visitors.

DIRECTIONS FOR THE FEEDING OF INFANTS.

BREAST FEEDING.

Why should a mother suckle her baby?

Because it is the best way of making it strong and healthy, and because a baby cannot readily digest cow's milk unless it is greatly diluted, and because infants' foods and condensed milk produce rickets.

How often should the baby be nursed?

During the first and second month it should be suckled every two hours during the day and twice during the night. During the third month and until the ninth month it should be suckled every three hours during the day and only once during the night.

How long should it be kept at the breast ?

Never more than twenty minutes, and if the milk comes very freely short intervals of rest should be allowed during each feeding.

When should you wean ?

At the beginning of the ninth month.

Why should you not wean later ?

Because breast milk at the ninth month begins to become poor, although it may be plentiful in quantity ; consequently the child will not thrive and will become rickety.

What should the mother's diet be ?

She should drink plenty of milk and eat abundance of simple food, including meat, vegetables and fruit.

Will stout or beer improve her milk ?

No, certainly not, and even tea or coffee should only be taken in small quantities. Spirits should always be avoided.

Should a mother take exercise out of doors ?

Yes, otherwise her milk will be poor in quality.

DIRECTIONS FOR ARTIFICIAL FEEDING.

On what artificial food should a baby be fed ?

On diluted milk.

How much should you dilute the milk ?

During the first week one part of milk and three parts of water.

From the second to the fourth week one part of milk and two parts of water.

From the second to the fourth month one part of milk and one part of water.

From the fourth to the eighth month two parts of milk and one part of water.

From the eighth to the twelfth month undiluted milk.

Should anything be added to the diluted milk ?

Yes, a small quantity of sugar should be added to each bottle, and if possible about a teaspoonful of cream. If cream cannot be afforded a small quantity of cod-liver oil, butter or dripping should be given in a spoon two or three times a day to prevent constipation and rickets. Barley water may be used instead of water.

How often should a baby be fed ?

During the first and second month it should be fed every two hours during the day and twice during the night.

During the third month and until the ninth, it should be fed every three hours during the day and only once during the night.

How much food should you give at each feeding ?

First week :—One table-spoonful.

Second week :—Two table-spoonfuls.

Third week :—Three table-spoonfuls.

Fourth week :—Four table-spoonfuls.

Second to fourth month :—Six to eight table-spoonfuls.

Fourth to eighth month :—Eight to twelve table-spoonfuls.

Ninth to twelfth month :—Twelve to sixteen table-spoonfuls.

What sort of feeding bottle should you use ?

A boat-shaped one is the best.

Should you boil the milk ?

Yes, it should be scalded while it is still fresh, and after scalding it should be kept in a clean bottle in a cool place. Remember that barley water turns very quickly in the hot weather—if used it should be made fresh at least twice a day.

GENERAL DIRECTIONS.

1. Never let the baby have a “comforter” or a dummy teat.
2. Take it out every day in the fresh air.
3. Always keep part of the window open, night as well as day.
4. Never use the remains of one bottle for a second feeding. Make each feeding fresh and throw away any there is left.
5. Clean the nipple as well as the bottle.
6. Do not feed the baby because it cries. Frequent feeding always produces indigestion and indigestion always leads to crying.
7. The baby is not thriving unless it sleeps well, has a good colour, has no diarrhœa, is not sick, does not sweat, does not cry frequently, has not got the snuffles, is not red under the napkin, unless it moves its arms and legs freely, and unless its feet and arms are kept warm.

Table I.

Vital Statistics of Whole District during 1907 and Previous Years.

YEAR	Population estimated to Middle of each year	BIRTHS		TOTAL DEATHS REGISTERED IN THE DISTRICT				NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT	
		No.	Rate	Under 1 year of Age		At all Ages		No.	Rate
				No.	Rate per 1,000 Births	No.	Rate		
1897	10,695	417	38·99	68	...	176	16·45	176	16·45
1898	11,000	414	37·63	54	...	195	17·72	195	17·72
1899	12,319	434	35·31	97	...	258	20·94	258	20·94
1900	12,443	393	31·60	80	...	240	19·29	240	19·20
1901	11,199	428	38·21	50	116	161	14·37	161	14·37
1902	11,802	414	35·07	71	171	201	17·03	201	17·03
1903	12,304	406	32·99	64	157	194	15·76	194	15·76
1904	12,500	393	31·44	72	182	204	16·32	204	16·32
1905	12,500	392	31·12	61	156	199	15·12	199	15·13
1906	12,780	407	31·53	64	157	232	18·14	232	18·14
Averages for years 1897-1906		409	34·28	68	173	206	17·11	206	17·11
1907	13,080	403	30·71	47	116	233	17·81	233	17·81

Table II.
Vital Statistics in 1907 and previous 10 years.

YEAR			Population estimated to middle of each year	Births Registered	Deaths at all ages	Deaths under 1 year
1897	...	...	10,695	417	176	68
1898	...	...	11,000	414	195	54
1899	...	...	12,319	434	258	97
1900	...	...	12,443	393	240	80
1901	...	...	11,199	428	161	50
1902	...	...	11,803	414	201	71
1903	...	...	12,334	406	194	64
1904	...	...	12,500	393	204	72
1905	...	...	12,500	392	199	64
1906	...	...	12,730	407	232	64
1907	...	...	13,080	403	233	47

Table IV.

Causes of, and Ages at, Death during Year 1907.

CAUSES OF DEATH	DEATH IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES						
	All Ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and up- wards
Measles	17	6	7	...	...	...	...
Diphtheria (including Membranous Croup)	2	...	1	1	...	...	...
Fever—Enteric	4	...	...	1	2	1	...
Diarrhœa	2	1	1	...	...	...	...
Phthisis	15	...	...	1	5	5	4
Other Tubercular Diseases... ..	23	6	11	3	1	...	2
Cancer, malignant disease	9	...	...	...	...	8	1
Bronchitis	11	4	...	...	...	4	3
Pneumonia	37	5	3	2	3	17	7
Other Diseases of Respiratory Organs	3	...	2	1	...	...	...
Alcoholism, Cirrhosis of Liver	1	...	...	...	...	1	...
Premature Birth	15	15	...	...	...	...	...
Diseases & Accidents of Parturition	3	...	...	...	2	1	...
Heart Diseases	15	...	1	1	2	8	3
Accidents	14	2	1	2	...	9	...
	171	39	24	12	15	54	20
All other causes	162	8	19	3	...	29	10
All causes	233	47	43	15	15	83	30

Summary of Table IV.

					No. of Deaths
I.—SPECIFIC FEBRILE, OR ZYMOTIC DISEASES—					
1.	Miasmatic Diseases	...	...	...	23
2.	Diarrhœal Diseases	...	...	...	2
					— 25
IV.—CONSTITUTIONAL DISEASES					51
V.—DEVELOPMENTAL DISEASES ...					21
VI.—LOCAL DISEASES—					
1.	Diseases of Nervous System	...	...	...	26
2.	Diseases of Circulatory System	...	...	...	17
3.	Diseases of Respiratory System	...	...	...	51
4.	Diseases of Digestive System	...	...	...	10
5.	Diseases of Urinary System	...	...	...	10
6.	Diseases of Parturition	...	...	...	3
7.	Diseases of Bones and Joints	...	...	...	3
8.	Diseases of Integumentary System	...	...	...	1
					— 121
VII.—VIOLENCE—					
1.	Accident or Negligence	...	...	...	14
VIII. — ILL-DEFINED AND NOT SPECIFIED CAUSES					1
TOTAL					233

ISOLATION OF INFECTIOUS DISEASES.

D.—The Table given below shows admissions and deaths of patients at the Sanatorium during each year since the 16th day of May, 1894, to the 31st December, 1907; giving a total of 984 cases, and a death rate for the 13½ years of 3·76 per cent.

YEAR	ADMISSIONS							DEATHS						
	Smallpox	Scarlatina	Diphtheria	Typhus	Enteric	Other Diseases	TOTAL	Smallpox	Scarlatina	Diphtheria	Typhus	Enteric	Other Diseases	TOTAL
1894	...	2	1	...	4	...	7	...	...	...	...	1	...	1
1895	...	148	..	...	8	2	158	...	1	...	...	1	...	2
1896	...	94	...	...	6	...	100	..	1	...	...	1	...	2
1897	...	24	1	...	13	1	40	...	...	...	...	1	2	3
1898	...	24	3	...	18	...	45	6	...	...	...	4	...	10
1899	...	6	...	...	10	2	18	...	...	...	...	3	..	3
1900	...	52	...	...	12	4	68	...	2	...	...	2	...	4
1901	...	98	...	...	16	1	115	...	...	...	...	2	...	2
1902	...	31	...	...	7	9	47	...	1	...	...	...	...	1
1903	...	61	6	...	3	2	74	...	...	...	...	1	...	1
1904	...	59	11	...	1	1	72	...	1	...	...	1	...	2
1905	...	65	20	...	3	...	88	...	...	...	...	...	...	...
1906	...	66	15	...	22	...	103	...	1	1	...	1	...	3
1907	...	29	7	...	12	3	51	...	...	2	..	1	...	3
	27	738	61	...	135	25	984	6	7	3	...	19	2	37 = 3·76%

GEORGE C. H. FULTON, M.B., C.M.,

Medical Officer to Sanatorium.

THE SANATORIUM (32 BEDS).

This Institution continues to be appreciated in your district; 95 cases of infectious disease were notified, and 51 isolated. This is a good percentage.

Seven cases of Diphtheria were admitted, with two deaths. The diphtheria cases admitted were of a severe type. The Enteric death could not possibly be prevented, everything was done that could be thought of. Many improvements have been carried out at the Sanatorium, but we still require more accommodation for Nurses, &c., but this may come in time.

I am, Gentlemen,

Your obedient Servant,

GEORGE C. H. FULTON, M.B., C.M.,

Medical Officer.

COMMON LODGING HOUSE.

This Lodging House has been frequently inspected during the year, and it is well managed and conducted. Wash-hand basins, etc., are now provided for the inmates. All my suggestions to benefit the inmates have been attended to. Mr. Taylor appears always willing to do what he can to help the Sanitary Authorities. Number of beds, 84. I have suggested a bath and W.C. on the first-floor landing.

FARMS.

ESTON GRANGE FARM, MESSRS. BOLCKOW, VAUGHAN & CO. 58 COWS.—This farm is very well kept; all the byres are now well lighted and ventilated, and the water supply is now good. This farm is overstocked for the air space provided.

WRIGHTSON'S. ESTON LOW FARM.—Here we have good farm buildings, but the farmer is evidently afraid of fresh air, as the ventilating holes in the byre are all stuffed with straw; but no milk is sent away from this farm. It is not necessary to do much, only point the mistake out to the farmer. Ventilation improved since last visit.

BACON'S, CHURCH LANE.—5 Cows.—This farm is now better lighted and ventilated, and the surroundings greatly improved. The Dairy is improved, they have now a separate dairy for milk alone.

RICHARDSON'S, LODGE FARM, ESTON.—7 Cows.—Byres kept in fair condition. Dairy more satisfactory, but well kept, every part clean.

RICHARDSON'S, JUBILEE ROAD.—3 Cows.—Proper Dairy. Everything advised has been done since my last visit. Greatly improved.

YEATES, JUBILEE ROAD, ESTON.—8 Cows.—The byres are only fairly satisfactory, but are well kept, and they try to do what is right so far as the houses will permit. Dairy unsatisfactory; vegetables, fruit, etc., in shop.

BINGLEY.—2 Cows.—Byre satisfactory. Dairy 95 California, unsatisfactory, but promised to carry out my requirements. Still unsatisfactory.

KYME, 147 CALIFORNIA.—No Cow kept at present.

ALLENBY, THOMAS, JUBILEE ROAD, ESTON.—Dairy not very satisfactory; now put right. No cow kept at present.

ARMSTRONG, WM., 17 JUBILEE ROAD, ESTON.—10 Cows.—Byre greatly improved. Dairy improved. Water supply from hill.

INGLEDEW, WM., CHURCH LANE, ESTON.—3 Cows.—Good byre accommodation, and the dairy very satisfactory, everything in order.

MILK SELLERS.

EVISON, CHARLES, BOLCKOW STREET, ESTON.—16 gallons daily from Hanham, Normanby; all milk taken round. Milk in shop in covered vessels.

SANDERSON, 67 WILLIAM STREET, ESTON.—9 gallons. Hanham, Normanby. Dairy in yard, now satisfactory; milk taken round.

GALE, SARAH, 8 HENRY STREET, SOUTH BANK.—4 gallons daily from Skipper.—Satisfactory, but milk in back kitchen.

ROSS, W., 6A MIDDLESBROUGH ROAD, SOUTH BANK.—Everything in order for a small sale. 1 gallon daily from Mr. Douglas, Normanby.

FLEMING, N. R., CROSS BECK, NORMANBY.—Satisfactory.

JOHNS, M., 19 WHITWORTH ROAD, GRANGETOWN.—34 gallons daily supply from Eston Grange Farm. The milk is stored in proper vessels, which are kept thoroughly clean, but the shop is not a suitable one for milk selling, when vegetables, fruit, fish, etc., are also sold. This can not be remedied.

ANGIERS, ROBT., 49 LAING STREET, GRANGETOWN. 24 gallons daily from Mr. Collin, Low Lackenby. This dairy is much better kept: the warming given has produced a good result. Milk only kept in this pantry now.

PORTER, J. C., 46 WHITWORTH ROAD, GRANGETOWN.—4 gallons daily from Angier's, Grangetown. Everything in order.

WILKINSON, A., 104 LAING STREET, GRANGETOWN. 45 gallons daily from Eston Grange Farm. Milk kept in back kitchen which is scrupulously clean - the place is small, but it is well lighted and ventilated.

LIGHTFOOT, ANN, 36 WHITWORTH ROAD, GRANGETOWN - 1½ gallons daily from Wilkinson's. Milk in proper vessels and covered. Papers sold in this shop.

METCALE, W., 2 WHITWORTH ROAD, GRANGETOWN.—2 gallons daily from Eston Grange Farm. Milk in proper vessels. Shop satisfactory.

SLAUGHTER HOUSES.

All licensed slaughter houses have been inspected, and are in fairly good order. Of course I should like to see a public slaughter house for the district (abbatoir).

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES
 AND HOMEWORK.

I.—INSPECTION.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS OR INSPECTORS OF NUISANCES.

PREMISES	NUMBER OF		
	Inspections	Written Notices	Prosecutions
FACTORIES (including Factory Laundries) WORKSHOPS (including Workshop do.) WORKPLACES	Two General Several Casual	None	None

II.—DEFECTS FOUND.

PARTICULARS	NUMBER OF DEFECTS		
	Found	Remedied	Referred to H.M. Inspector
Want of Cleanliness	2	2	...
Want of Ventilation	1	1	...
Sanitary Accommodation insufficient*	2	2	2
	Remedied	with verbal instructions	
Total	5	5	2

*Public Health Amendment Act, 1890, adopted. Sanitary Accomodation satisfactory.

FACTORIES, WORKSHOPS, LAUNDRIES, &c. (Continued).

III.—HOME WORK.

NATURE OF WORK	Inspections of Outworkers' Premises
WEARING APPAREL :—	
Making, etc., Boots and Shirts	2

IV. REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the year	Number
Laundry	1
Dressmakers, Milliners and Outworkers	18
Boot Makers and Repairers	11
Tailors	2
Tinsmiths, Plumbers and General Smiths	7
Coach Builders, Undertakers, Joiners and Umbrella Repairers...	9
Bakers and Confectioners	4
TOTAL NUMBER OF WORKSHOPS ON REGISTER	52

V.—OTHER MATTERS.

CLASS	Number
MATTERS NOTIFIED TO H.M. INSPECTOR OF FACTORIES :—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133) ...	18
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5) :—	
Notified by H.M. Inspector	1
Reports (of action taken) sent to H.M. Inspector	1
UNDERGROUND BAKEHOUSES (S. 101) :—	
Certificates granted during the year	None
In use at the end of the year	None

Most of the workshops were measured, and the cubic capacity calculated. The various conditions as to ventilation, heating, cleanliness, &c., were enquired into, and all defects promised to be remedied. During the year frequent inspections have been made. Outworkers—these are difficult to obtain, but we have now a fairly complete list.

I have again endeavoured, however feebly, to place before you my views appertaining to the public health of the district. My duties:—"to enquire into and ascertain, by such ways and means as were at my disposal, the causes, origin, and distribution of diseases within the Eston district, and to ascertain to what extent the same have depended on conditions capable of removal or investigation."

I have pointed out from time to time the difficulties with which I have to contend. We are proud of our material progress, prosperity, and commercial position, and point with pride to our low death rate. This is no doubt due to your care and expenditure on sanitary matters.

I have the honour to remain,

Gentlemen,

Your obedient servant,

GEORGE C. H. FULTON, M.B., C.M.,

Medical Officer of Health.

January, 1908.

TO THE CHAIRMAN AND MEMBERS OF
THE ESTON URBAN DISTRICT COUNCIL.

GENTLEMEN,

I respectfully lay before you my Annual Report for the year ending December, 31st, 1907.

NOTICES.

Statutory Notices requiring the Abatement of Nuisances have been served during the year as follows:--

Blocked Branch Drains	...	...	...	...	35
Defective Closet Pan Renewals	...	...	...	...	276
„ Closet Doors	...	...	...	...	36
„ Yard Pavements and Outbuildings	...	...	...	...	20
„ Chimney	...	...	...	...	1
„ Roofs to Houses	...	...	...	...	3
„ Paving around Yard Sink	...	...	...	...	1
„ and Dangerous Wood Framework	...	...	...	...	1
„ Broken Hinges on Closet Door	...	...	...	...	1
Sewerage Matter discharged into open Watercourse	...	...	...	...	1
Total					375

A number of defects and minor nuisances in connection with drains and property have been detected and amended under verbal notice.

UNSOUND MEAT, &c.

It has not been found necessary to take any action during the year for any unsound meat, fruit, or other articles offered for human consumption.

INSPECTIONS.

The Slaughter Houses, Common Lodging House, Cowsheds, Dairies and Milkshops have been visited and inspected during the year and found to be in a generally satisfactory condition.

FACTORIES AND WORKSHOPS ACTS, 1901.

During the year I have visited and revised the list of Workshops and Work Places in the Council's District. Five defects have been found and remedied.

There are 52 Registered Workshops in the Council's District, a list of which is given below.

REGISTER OF FACTORIES AND WORKSHOPS.

FACTORIES.

ESTON	Messrs. Bolckow, Vaughan & Co.	Ironstone Mines, etc.
„	Mr. J. H. Calvert, High Street	Joiner
GRANGETOWN	Messrs. B. V. & Co., Grangetown Ironworks	Iron Mills
„	„ „ „ „ „	Steel Castings
„	Mr. C. E. Morris, Bolckow Road	Joiner
„	Mr. H. Dunn, 32 Whitworth Road... ..	Sausage
„	Mr. J. Carr, 42 Whitworth Road	„
„	South Tees Electric Power Station... ..	Electricity
SOUTH BANK	Messrs. B. V. & Co., Cleveland Steelworks...	Blast Furnaces
„	„ „ „ „ „	Steel Rails
„	„ „ Clay Lane Ironworks	Pig Iron
„	„ „ „ „ „	Slag Crushing
„	„ „ South Bank „	Pig Iron
„	„ „ „ „ „	Electricity
„	„ The Steel Casting Co., South Bank	Steel Castings
„	„ The Slag Reduction Co. B. V. & Co.	Slag Heaps

WORKSHOPS, WORK PLACES, &C.

GRANGETOWN	Mr. F. Carter, Whitworth Road	Plumber, etc.
„	Mr. M. Johnson, Roberts Street	General Smith
„	Mr. J. Traynor, 43 Stapylton Street	Boots
„	Messrs. J. Robinson & Sons, Whitworth Rd.	„
„	Mr. P. Quinn, 13 Cheetham Street	„
„	Middlesbro' Co-operative Society, Wood St.	„
„	Mr. J. Whitehead, 26 Stapylton Street	„
„	Mr. J. Farrer, 47 Vickers Street	„
„	Mr. H. Wilkinson, 45 Whitworth Road	Millinery

GRANGETOWN	Mrs. S. Brown, Whitworth Road ...	...	Dress
„	Miss M. A. Pallister, 1 Vickers Street ...	...	„
„	Miss E. Skillbeck, 17 Victoria Road ...	...	„
„	Mr. J. Allinson, 46 Whitworth Road ...	...	Confectionery
„	Mrs. Pickering, 28 Whitworth Road ...	...	„
„	Mr. H. Crisp, 33 Whitworth Road ...	...	Baker
„	Mr. J. Johns, 19 Whitworth Road ...	...	„
SOUTH BANK	Mr. H. Goss, 5 Middlesbrough Road ...	...	Tailor
„	Mrs. Metcalfe, 62 Normanby Road ... (Outworker for Messrs. Applegarth, Nelson Street)	...	Shirts
„	Mr. A. Hancock, 2 Middlesbrough Road ...	...	Boots
„	M'bro. Co-operative Society, Normanby Rd.		„
„	Mrs. R. Cotteril, 88a Normanby Road		Dress
„	Miss Brittain, 17 Munby Street ...	...	„
„	Miss Hughes, Middlesbrough Road ...	...	„
„	Miss Holliwell, 100 Normanby Road ...	...	„
„	Mr. T. Verrill, Normanby Road ...	...	Coach Builder
„	Mr. Hemingway, Normanby Road ...	...	Painter
„	Mr. G. Robinson, Normanby Road ... (Residence 54 Napier Street)	...	General Smith
„	Messrs. Baker Bros., 2 Middlesbrough Road		Plumbers, etc.
„	Mr. C. G. Bennett, Normanby Road ...	...	Undertaker, etc.
„	Miss Dent, Normanby Road ...	...	Laundry
„	Mr. J. Emmerson, 88B Normanby Road ...	...	Umbrellas
ESTON	Mr. J. Keat, William Street ...	...	Tinsmith
„	Mr. T. Carter, Church Lane ...	...	Tinsmith & Plumber
„	Mr. G. Grayson, Gladstone Street ...	...	Umbrellas
„	Mr. Wm. Ingledew, Church Lane ...	...	Joiner
„	Mr. J. Holmes, Jubilee Road ...	...	Cartwright
„	Mr. T. Wilkinson, Gladstone Street ...	...	Joiner and Photos
„	Mr. M. W. Bearcroft, Old Eston ...	...	Joiner
„	Mr. C. Snowdon, Old Eston ...	...	General Smith
„	Mrs. Page, 32 Gladstone Street ...	...	Dress
„	Mrs. B. Fowler, 116 East Row, California...		„
„	Miss E. Lovern, 41 Guisbro' Street...	...	„
„	Mrs. Oke, West Street ...	...	„
„	Miss A. Danes, 19 William Street ...	...	„
„	Miss M. Clements, 11 William Street ...	...	„
„	Miss E. Lawery, 10 William Street ...	...	„

ESTON	Miss Taylor, Radstock House, Old Eston ...	Dress
..	Miss Long, 1 Hewley Street	„
..	Mr. W. J. Hornby, 31 Gladstone Street ...	Boots
..	Middlesbro' Co-operative Society, 61 High-st.	„
..	Mr. L. John, Back South Street	„
..	Mr. Henry Osborne, High Street	Tailoring

SCAVENGING.

The Scavenging of the District has been carried out during the year entirely by the Council's men, and since the two additional nightmen and extra horse were started there has been practically no cause for complaint from the Public.

The nightsoil at the North end of the District has been sold to Mr. T. Wrightson, Low Farm, and any applications for nightsoil from small allotment holders are referred to him, when he generally gives consent for them to be supplied.

FIRE BRIGADES.

Eleven fires have occurred in the District during the year, viz. :—

1. 42 Vickers Street, Grangetown.
2. 95 Stapylton Street, Grangetown.
3. B. V. & Co's Cleveland Furnace Gantry, Grangetown.
4. Tar Macadam Works, South Bank.
5. 98 Holden Street, Grangetown.
6. 75 Stapylton Street, Grangetown.
7. 7 Alexandra Road, Grangetown.
8. 112 Stapylton Street, Grangetown.
9. 16 Guisbro' Street, Eston.
10. Cleveland Bay Inn, Eston.
11. 24 Guisbro' Street, Eston.

Most of these fires were very slight, but might have been serious but for the timely arrival of the Fire Brigade.

During the year new Tunics and a new small Hand Hose Cart have been purchased for the Grangetown Fire Brigade.

Both Brigades are now well organised and equipped.

DISINFECTING.

INFECTIOUS DISEASES NOTIFICATION.

There has been a very great falling off in the number of notifiable Infectious diseases during the year, the actual number notified being 95 as against 218 in 1906.

During the year all the Schools in the Council's district were thoroughly disinfected.

In all cases after the removal of patients to the Sanatorium, and on the recovery of patients treated at home, the houses have been carefully and thoroughly disinfected. Limewash, brushes, and other disinfectants have been supplied gratuitously to all applicants.

The various diseases notified during the year ending 31st December, 1907, are as follows :—

Scarlet Fever	...	...	...	...	...	49 cases.
Diphtheria	...	...	...	...	...	14 „
Typhoid	...	...	...	...	...	16 „
Erysipelas	...	...	...	...	...	13 „
Continued Fever	...	...	...	...	...	3 „
					Total	95

50 patients removed to Sanatorium.

SEWERAGE.

During the year the Sewerage Scheme conveying the sewage from the south west portion of the Council's district, (i.e. from the Hewley Street Outfall to the 18 inch Sewer behind Bolekow Terrace) has been completed and is now working most satisfactorily. This scheme has removed a constantly recurring public nuisance, and great satisfaction has been expressed by the public generally on the carrying out of the improvement.

The open channel from the South Bank Sewer Outfall to the intake of the New 36 inch Cast Iron Sewer Outfall has been cleaned out and is in good working condition. The manholes connected with this sewer, which were buried during

the reclamation of foreshore land by Messrs. Bolckow, Vaughan & Co., have been traced, opened out, and built up in cement brickwork to the prevailing finished level of the reclaimed foreshore land.

All the open water courses requiring attention have been cleaned out and sewers flushed.

PUBLIC WORKS IMPROVEMENTS.

1. New Sewer, Eston to Bolckow Terrace, Grangetown.
2. Surface Water Drain, Church Lane, Eston.
3. Repair of Culvert and Entrance to Crossbeck Terrace.
4. Re-laying footpath flags opposite Subway.
5. Repair of roads—Eston Main Road, portions Eston Lane, Station Road, Grangetown, and Normanby Road, South Bank.
6. Improved Water Pressure, Grangetown and South Bank.
7. Footpath, corner of Redcar Road and Munby Street, South Bank.
8. Public Seats.
9. Public Accident and Medical Ambulance, and Ambulance Shed.

PRIVATE IMPROVEMENTS.

1. Back Alexandra Road, paving
2. Back Street Church Lane, paving
3. Victoria and Alexandra Roads and Evans Street, Grangetown

PLANS APPROVED.

1. Plan of new street. Messrs. Cleveland and Durham Electric Power Co.
2. „ New petrol store. „ „ „
3. „ Sub-station. „ „ „
4. Section of new road. „ „ „
5. Additions to shops, Middlesbrough Road, South Bank. Mr. Neale
6. Plan of new wash house, Jubilee road, Eston. Mr. Peck
7. „ One dwelling house, Church Lane, Eston. Messrs. Lister & Baker.
8. „ Roads and new cables. Messrs. Electric Power Co.
9. „ Additions to power station. „ „
10. „ Petrol store (amended) „ „

11. Plan of One dwelling house, Jubilee Road, Eston. Mr. M. W. Bearcroft
12. „ Salvation Army Hall, Bessemer St., Grangetown. Mr. Archer, London
13. „ Four houses, Alexandra Road, Grangetown. Mr. C. E. Morris
14. „ Street making, Pochin Road, Grangetown. Messrs. B. V. & Co.
15. „ Additions to Eston Hospital, Eston. Mr. W. G. Roberts, Architect
16. „ Two dwelling houses, Bessemer Street, Grangetown. Sergt. Devany
17. „ Four dwelling houses, Alexandra Road, Grangetown. Mr. C. E. Morris
18. „ Additions farm buildings, Church Lane (Bacon house). Mr. W. Ingledew
19. „ One dwelling house (detached) Church Lane. Mr. J. Lister
20. „ New shop window and verandah, High Street, Eston. Mr. H. Osborne
21. „ New attic rooms, Cleveland Villas. Messrs. B. V. & Co.
22. „ Two dwelling houses, Bolekow Road, Grangetown. Mr. C. E. Morris.
23. „ One house and shop, Snowdon Road, Eston. Messrs. Lister & Baker.
24. „ One wood building, coach-house and workshop, Eston. Mr. T. Standley.
25. „ Nine dwelling houses, Snowdon Street, Eston. Messrs. Lister & Baker.
26. „ Drain behind Bolekow Road, Grangetown. Messrs. B. V. & Co.
27. „ Four dwelling houses, Alexandra Road, Grangetown. Mr. C. E. Morris.

I am, Gentlemen,

Your obedient servant,

C. McDERMID.

